

ENCLOSURE E

POST-DEPLOYMENT HEALTH ASSESSMENT FORM PROCESSING GUIDANCE

1. Service members must complete the health assessment form in theater, preferably, within 5 days prior to redeployment back to their home station.
2. The form must be administered and then immediately reviewed by a health care provider. The provider can be a medic or corpsman for administering and initially reviewing the questionnaire. However, positive responses must be referred to a physician, physician assistant, nurse, or independent duty medical technician.
3. Copies of the completed form must be placed in the Service member's permanent medical record or in the deployed medical record for transfer to their permanent medical record upon redeployment to their home station. The originals will be immediately forwarded to the Deployment Surveillance Team (DST), 5113 Leesburg Pike, Suite 701, Falls Church, Virginia, 22041, DSN 761-7153 (ext. 4727 or 4742) or commercial 703-681-7153 (ext. 4727 or 4742).
4. The DST provides the US Army Center for Health Promotion and Preventive Medicine (USACHPPM) with a post-deployment health assessment form data base on a monthly basis for inclusion in the Defense Medical Surveillance System (DMSS).
5. USACHPPM provides the Joint Staff, the unified commands, and the Services with periodic trend analysis reports on the completed post-deployment health assessment forms.